

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
10 MAR 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000021026**

1. Corporation Name

TRADE & TRADE, INC

2. Principal Office Address - No P.O. Box #

4769 NW 72 AVE

Suite, Apt #, etc

City & State

MIAMI, FL.

Zip

33166

Country

USA

3. Mailing Office Address

4769 NW 72 AVE

Suite, Apt #, etc

City & State

MIAMI, FL

Zip

33166

Country

USA

300173045823
03/24/10--01035--025 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2007

5. FEI Number

20-8455102

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS DELGADO

Street Address (P.O. Box Number is Not Acceptable)

8321 NW 7 ST.

Suite, Apt. #, Etc

308

City

MIAMI

State

FL

Zip Code

33126

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Juan Delgado
REGISTERED AGENT MUST SIGN

Date **03/14/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GLENN HALFHIDE	4769 NW 72 AVE	MIAMI, FL. 33166
VP	ELIAS SEGUAS	4769 NW 72 AVE	MIAMI, FL. 33166

10. E-mail Address: **juandelgado71@hotmail.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Glenn Halphide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/10

Date

305-463-8348

Daytime Phone #

3/25